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| | FILING DATE | <u>, </u> | FIRST NAME | DINIVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| APPLICATION NO. | | L | | | | | |
| 10/702,543 | 11/07/2003 | | | i Senda | 67162-029 | 8214 | |
| TITLE OF INVENTION: | (As Amended) | DEVICE HAV | ING A-BO | OOSTING CIRCUIT T | O SUPPRESS CURRI | ENT CONSUMPTION | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | | \$300 | \$1700 | 07/22/2005 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS |] | | |
| TRA, ANH QUAN | | 2816 | | 327-536000 | | | |
| Change of correspondence address or indication of "Fee Address" (CFR 1.363). Change of correspondence address (or Change of Corresponder Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
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| | ECHNOLOGY CORP. | | OKYO, J | A | | - | |
| | e assignee category or catego | ` | | | orporation or other private g | roup entity Government | |
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| Advance Order - # o | , m. i. | , | | ector is hereby authorized by count Number 50041 | | credit any overpayment, to copy of this form). | |
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| | MALL ENTITY status. See | | | cant is no longer claiming SMA | | | |
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| Authorized Signature | | | Date6/21/2005 | | | | |
| Typed or printed name _ | Stephen A. B | ecker | | Registration | No. 26,527 | | |
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